

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 1 7

2. STATE:

Kansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
Medicaid

4. PROPOSED EFFECTIVE DATE

May 1, 2002

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.201  
42-CFR 442.10

7. FEDERAL BUDGET IMPACT:

a. FFY 2002  $\leq \$525,000$   
b. FFY 2003  $\leq \$175,000$ 

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19D, Part I, Subpart A Exhibit A-1  
(pages 1-13)

Attachment 4.24, Exhibit A-5 (pages 1-4)

Attachment 4.24, Exhibit A-7 (pages 1-3)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):Attachment 4.19D, Part I Subpart A  
Exhibit A-1, TN MS 99-01 (pages 1-11)Attachment 4.24, Exhibit A-5, TN MS 99-02  
(pages 1-4)Attachment 4.24, Exhibit A-7 TN MS 97-04  
(pages 1-2)

10. SUBJECT OF AMENDMENT:

Nursing Facility Methods &amp; Standards for Establishing Payment Rates

Standards for Payment for Nursing Facilities

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:Janet Schalansky is the Governor's  
Designee

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Janet Schalansky / Candace A. Privy

13. TYPED NAME:

Janet Schalansky

14. TITLE:

Secretary

15. DATE SUBMITTED:

06/26/02

16. RETURN TO:

Janet Schalansky, Secretary  
KS. Dept. Of Social & Rehabilitation Services  
DSOB 6th Floor  
915 SW Harrison  
Topeka KS 66612

FOR REGIONAL OFFICE USE ONLY

DATE RECEIVED

06/27/02

DATE APPROVED

06/27/02

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

MAY 01 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

SPA CONTROL

Date Submitted: 06/26/02

Date Received: 06/27/02

Methods and Standards for Establishing Payment Rates  
Nursing Facilities

Attachment 4.19  
Part I  
Exhibit A-I  
Page 1

30-10-1a. Nursing facility program definitions. (a) The following words and terms, when used in this article, shall have the following meanings, unless the context clearly indicates otherwise.

(1) "Accrual basis of accounting" means that revenue of the provider is reported in the period when it is earned, regardless of when it is collected, and expenses are reported in the period in which they are incurred, regardless of when they are paid.

(2) "Active treatment for individuals with mental retardation or a related condition" means a continuous program for each client, which shall include aggressive, consistent implementation of a program of specialized and generic training, treatment, health services, and related services that is directed toward the following:

(A) The acquisition of the behaviors necessary for the client to function with as much self-determination and independence as possible; and

(B) the prevention or deceleration of regression or loss of current optimal functional status.

(3) "Agency" means the department of social and rehabilitation services.

(4) "Ancillary services and other medically necessary services" means those special services or supplies, in addition to

Methods and Standards for Establishing Payment Rates  
Nursing Facilities

Attachment 4.19  
Part I  
Exhibit A-1  
Page 2

routine services, for which charges are made.

(5) "Case mix" means a measure of the intensity of care and services used by a group of residents in a facility.

(6) "Case mix index" means a numeric score with a specific range that identifies the relative resources used by a particular group of residents and represents the average resource consumption across a population or sample. Two average case mix index scores are considered in setting rates for nursing facility program participants. These indexes are the following:

(A) "Medicaid average case mix index," which means the average case mix index calculated using case mix scores for only the medicaid residents in a population; and

(B) "facility average case mix index," which means the average case mix index calculated using case mix scores for all the residents in a nursing facility.

(7) "Change of ownership" means a transfer of rights and interests in real and personal property used for nursing facility services through an arm's-length transaction between unrelated persons or legal entities.

(8) "Change of provider" means a change of ownership or lessee specified in the provider agreement.

(9) "Common ownership" means that an entity holds a minimum of